

Summary of major differences between New Jersey Oxford Plans - 2011

	----- Liberty PPO -----					Notes
	Liberty HMO	Indemnity	Plan C	Plan C-30	Plan D	
Network of Providers	Liberty	NA	Liberty	Liberty	Liberty	Indemnity plan covers all providers
Gated / Non-Gated	Gated	NA	Not Gated	Not Gated	Not Gated	
In-Network Deductible Individual/Family	None	\$2,500/\$5,000	\$1,000/\$2,000	\$2,500/\$5,000	\$1,000/\$2,000	
Out-of-Network Deductible Individual/Family	No O-O-N Coverage		\$2,000/\$4,000	\$5,000/\$10,000	\$2,000/\$4,000	
Out-of-Network Coinsurance	No O-O-N Coverage		70% after Deductible	70% after Deductible	70% after Deductible	Indemnity plan covers all providers
Prescription Coverage/ Deductible	50% coinsurance	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	
In-Network, Outpatient office visits; Primary or Specialist	\$30	50% after deductible	\$15	\$30	\$30	Indemnity plan covers all providers
ER Visits	\$100/visit	\$100/visit	\$100/visit	\$100/visit	\$100/visit	waived if admitted in 24 hours
Hospitalization	\$300/day up to 5 days per Admission; max \$3,000/yr	50% after deductible	70% after Deductible	70% after Deductible	70% after Deductible	Plans require precertification \$3,000 max co-pay/year
Mental Health Visits Outpt.	\$30/visit max 20/yr	50% after deductible; 20visit/limit	\$15/visit max 20/yr	\$15/visit max 20/yr	\$15/visit max 20/yr	bio-based, unlimited visits; requires pre-approval
Mental Health Visits Inpt.	\$300/day up to 5 days per Admission; max \$3,000/yr	50% 30day/limit	70% after Deductible Max. 30 days/yr non-bio-based	70% after Deductible Max. 30 days/yr non-bio-based	70% after Deductible Max. 30 days/yr non-bio-based	Unlimited if Biologically-based.
Skilled Nursing Services	unlimited	120 days/year	120 days/year	120 days/year	120 days/year	requires pre-approval

*** Note that these are just a few of the significant differences between the plans. Review all plan summaries carefully prior to making a decision ***

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